

Nov. 12, 2011

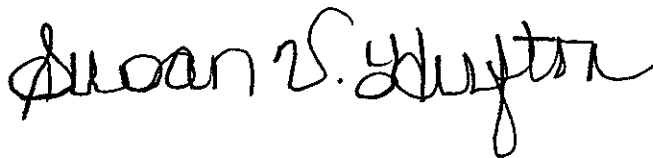
Honorable Judge Robert E. Gerber,

I am sending in my response to the 255th Objection to Claims. I was notified by e-mail that a response was to be sent in on the courts electronic filing system or on a CD-ROM. I am currently disabled and I have been seeking my daughters assistance for my claim. Your Honor please know I have the upmost respect for our judicial system and it's need for proper filing procedures. I cannot gain access to the courts system and as far as a CD-ROM I am not electronically knowledgeable enough to make one.

As to my response I can tell you that on 10-30-09 my vehicle was taken to a shop with extensive intake damage. At that time I was informed by the manager of the shop and the mechanic looking at my vehicle of the dexcool litigation and that I should investigate it due to the damage being related to the dexcool. I then went to the web site and found the information to file and I did. I also sent in my paperwork for the repairs to my vehicle which included the proof of claims for the U. S. Bankruptcy Court For The Southern District Of New York and receipts for the repairs. I just received the 255th Objection to Claims and I am responding with the same paperwork I sent in originally.

Your Honor please except my response and know this is a honest attempt to provide the courts the information requested and in a manner in which I can provide to the best of my ability.

Thank You Sir,



Susan V. Hufton

Claim# 45183

D.O.B. 01/13/47

Phone: 757-417-9060

Address: 804 Raymond Court

Virginia Beach, Va. 23464

7010863

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):
☐ Motors Liquidation Company (f/k/a General Motors Corporation)
☐ MLCS, LLC (f/k/a Saturn, LLC)
☐ MLCS Distribution Corporation (f/k/a Saturn Distribution Corporation)
☐ MLC of Harlem, Inc. (f/k/a Chevrolet-Saturn of Harlem, Inc.)

Case No.
 09-50026 (REG)
 09-50027 (REG)
 09-50028 (REG)
 09-13558 (REG)

Your Claim is Scheduled As Follows:

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case, but may be used for purposes of asserting a claim under 11 U.S.C. § 503(b)(9) (see Item # 3). All other requests for payment of an administrative expense should be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (the person or other entity to whom the debtor owes money or property): SUSAN HUFTON

Name and address where notices should be sent:
 SUSAN HUFTON
 804 RAYMOND COURT
 VIRGINIA BEACH VA 23464

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
 (If known)

Filed on: _____

757-962-1830

Telephone number:

Email Address: SHUFTON@verizon.net

Name and address where payment should be sent (if different from above):

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check this box if you are the debtor or trustee in this case.

Telephone number:

If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.

1. Amount of Claim as of Date Case Filed, June 1, 2009:

\$1397.54

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. If all or part of your claim is asserted pursuant to 11 U.S.C. § 503(b)(9), complete item 5.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

2. Basis for Claim: coolant / lower and upper intake mfg failure
 (See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: _____

3a. Debtor may have scheduled account as: _____
 (See instruction #3a on reverse side.)

4. Secured Claim (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: ☐ Real Estate ☒ Motor Vehicle ☐ Equipment ☐ Other
 Describe:

Value of Property: \$ _____ Annual Interest Rate: %

Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____

Basis for perfection: _____

Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER READING.

If the documents are not available, please explain in an attachment.

5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Specify the priority of the claim.

- ☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).
☐ Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).
☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).
☐ Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).
☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
☐ Value of goods received by the Debtor within 20 days before the date of commencement of the case - 11 U.S.C. § 503(b)(9) (§ 507(a)(2))
☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)().

Amount entitled to priority:

\$

*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

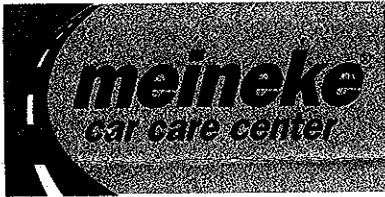
FOR COURT USE ONLY

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

Susan Hufton



9228473748

MEINEKE CAR CARE CENTER #197**Invoice Number: 21597**

**6399 INDIAN RIVER ROAD
VIRGINIA BEACH, VA 23464
(757)420-1780**

Invoice Date: 10-30-09

Estimate ID: 031217

Invoice Code: 765284Q766253Q3

"Each Shop Individually Owned and Operated"

SOLD TO: www.meineke.com

**SUSAN HUFTON
804 RAYMOND CT
VA BEACH, VA 23464 (757) 962-1830**

Vehicle 1998 BUICK LESABRE
Odometer In: 115,378 Out: 115,378
Tag VA YBG7155
Vin

Tech 643
Writer 427
Ad Lead WALK IN

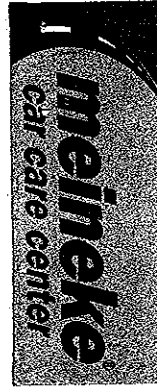
Quantity	Item	Description	Warranty	MAP	A/D	Unit Price	Discount	Total
ENG-DRVTRN								
1.00	8438	LOWER INTAKE GASKET SET	1 Year	A	A	129.99		129.99
5.00	LABOR	SHOP LABOR TO R&R INTAKE MANIFOLD GASKETS		A	A	92.50		462.50
1.00	95812	UPPER INTAKE GASKET	1 Year	A	A	89.99		89.99
1.00	0080R	VALVE COVER GASKET	1 Year	A	A	39.99		39.99
1.00	5215	UPPER INTAKE	1 Year	A	A	249.99		249.99
1.00	833	VALVE COVER GROMMET	1 Year	A	A	12.99		12.99
Job Total:								985.45
EXHAUST								
1.00	70317	CONVERTER	1 Year	A	A	99.99		99.99
1.00	LABOR	LABOR TO REMOVE AND FIT CONVERTER		A	A	92.50		92.50
1.00	DISP FEE EXH	DISPOSAL FEE CONVERTER		A	A	3.99		3.99
Job Total:								196.48
FLUID&FLTR								
4.90	5W30	MOBIL OIL 5W30		A	A	3.36	(16.46)	0.00
1.00	OIL CHANGE	LABOR TO CHANGE OIL		A	A	2.52	(2.52)	0.00
1.00	DISP FEE F/F	DISPOSAL FEE OIL		A	A	0.97	(0.97)	0.00
1.00	M3387	OIL FILTER		A	A	5.00	(5.00)	0.00
Job Total:								0.00
HTG&COOLNG								
1.00	5481	THERMOSTAT	1 Year	A	A	14.99		14.99
3.50	COOLANTGLOB	GLOBAL COOLANT		A	A	11.90		41.65
1.00	5666	T-STAT GASKET		A	A	6.99		6.99
1.00	178	COOLANT TEMP SENSOR	1 Year	A	A	24.99		24.99
Job Total:								88.62
TUNE&FUEL								
1.00	APP606	SPARK PLUG	1 Year	A	A	12.99		12.99
0.75	LABOR	LABOR FOR FUEL INJECTION TUNE UP		A	A	45.00	(33.75)	0.00
1.00	FUELSERVICE	FUEL SERVICE KIT 10104	None	A	A	59.99	(59.99)	0.00
1.00	1800	INJECTOR RETAINER CLIPS		A	A	39.99		39.99
Job Total:								52.98

MEMO

REPAIR BLOWN INTAKE GASKET

436543

Customer Copy = White Shop Copy = Yellow



MEINEKE CAR CARE CENTER #197
6399 INDIAN RIVER ROAD
VIRGINIA BEACH, VA 23464
(757)420-1780

Invoice Number: 21597
Invoice Date: 10-30-09
Estimate ID: 031217
Invoice Code: 765284Q766253Q3

We want to thank you for your patronage. At MEINEKE, your satisfaction is very important to us.

Sales Tax 1: 39.02

Total Warranty Amount: \$

*** Map Code Legend**

S1=Sugg-Failure Likely
S2=Sugg-Customer Req.
S3=Sugg-Maintenance
S4=Sugg-Recommendation
RA=Req-Performance
RB=Req-Design Spec
RC=Req-Missing

A/D Legend

A=Accepted
D=Declined

Meineke CC

PAYMENT RECEIPT
1,397.54

RECEIVED BY 

WARRANTY INFORMATION ON BACK OF RECEIPT.

436544

Shop Supplies	34.99
Total Parts:	764.54
Total Labor:	568.99
Sub Total:	1,358.52
Sales Tax:	39.02
Total Due: \$1,397.54	

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